PRINTED: 05/20/2013 FORM APPROVED

Kansas Department on Aging

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				B. WING		С		
		N039001S	OTDEET ADD		TE 710 0005	05/14/2013		
NAME OF PR	OVIDER OR SUPPLIER			DRESS, CITY, STA	ATE, ZIP CODE			
ANTHONY COMMUNITY CARE CENTER				12 N 5TH AVE NTHONY, KS 67003				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
S 000	INITIAL COMMENTS			S 000				
	The following citation represents the findings of the complaint survey for complaints #64029 and #65608.							
	A revised 2567 was sent to the facility on 5/20/13.							
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records			S3248				
	Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.							
	This REQUIREMENT by:	is not met as evidenc	ed					

TITLE (X6) DATE

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7.112 1.2.11 6.1 66.11.1.25.116.1			A. BUILDING: _					
N039001S			B. WING		C 05/14/2013			
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
ANTHONY COMMUNITY CARE CENTER			N 5TH AVE HONY, KS 67003					
PREFIX (EACH DEFICIENCY MU	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETE DATE		
S3248 Continued From page 1	Continued From page 1							
The facility census totale on record review and interest implement their written professional references from the employees. Two of the edirectly with all the reside potential to affect all 28 residences from the employees. The employees included: Review of the new employee prior to the date of hire. Review of the new employee maintenance staff G reversional and professional reference for hire. Review of the new employee maintenance staff G reversional and professional reference for hire. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire on 1/24/13. Review of the new employee maintenance staff G reversional and professional reference for hire.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 The facility census totaled 28 residents. Based on record review and interview the facility failed to implement their written policy for prohibiting mistreatment, neglect and abuse of residents and misappropriation of resident property by not checking potential employees for personal and professional references for 4 of 5 sampled new employees. Two of the 4 employees worked directly with all the residents. This had the potential to affect all 28 residents. Findings included: - Review of the new employee records for direct care staff E revealed the facility failed to check personal and professional references for the employee prior to the date of hire on 5/1/13. Review of the new employee records for direct care staff F with a hire date of 4/30/13 revealed the facility failed to check personal and professional reference for the employee prior to hire. Review of new employee records for maintenance staff G revealed the facility failed to check personal and professional references prior to date of hire on 1/24/13. Review of the new employee records for administrative staff H revealed the facility failed to check personal and professional references prior to the hire date on 10/24/12. On 5-8-13 at 10:30 a.m. an interview with Administrative staff A revealed that he/she had been without a Business Office Manager for a period of time and was doing the job of three		S3248					

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7.11.2.1.2.1.1.1		152.11.110.1110.1110.11		A. BUILDING: _					
		N039001S		B. WING			C 14/2013		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
			212 N 5TH ANTHONY,	TH AVE NY, KS 67003					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE		
S3248	Continued From page 2 written the reference information in the employees file. Staff A revealed he/she had worked with employee H in the past and was employee H's personal and professional reference. Staff A confirmed the facility failed to check reference for employee E, F, G, and H. Review of the facility Abuse, Neglect, and Exploitation policy dated 8/31/12 revealed the facility will screen potential employees for a history of abuse, neglect, or mistreating resident. This will include attempting to obtain information from previous employers and/or current employers, checking with the appropriate licensing boards and registries, and obtaining a criminal background check. The facility failed to implement their own abuse prevention policy by failing to check personal and professional reference for 4 out 5 new employees prior to employment.		S3248						